

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 595929

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 7 | 3 | | 1 | | | |
| 8 | 1 | | 1 | | | |
| 9 | ① | | 1 | | | |
| 10 | 1 | | 1 | | | |
| 11 | 1 | | 1 | | | |
| 12 | 1 | | 1 | | | |
| 13 | 2 | | 1 | | | |
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| TOTAL DEP. | 23 | ← | 13 | ← | | |
| TOTAL CLAIMS | 24 | | 15 | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL CLAIMS | | | | | | |